

UNITED STATES BANKRUPTCY COURT, SOUTHERN DISTRICT OF FLORIDA

CHAPTER 13 PLAN (Individual Adjustment of Debts) www.flsb.uscourts.gov

- ☐ _____ Amended Plan (Indicate 1st, 2nd, etc. amended, if applicable)
☐ _____ Modified Plan (Indicate 1st, 2nd, etc. amended, if applicable)

DEBTOR: _____ JOINT DEBTOR _____ CASE NO.: _____
 Last Four Digits of SS# _____ Last Four Digits of SS# _____

☐ This document is a plan summary. Additional data on file in clerk's office attached to original plan.

MONTHLY PLAN PAYMENT: Including trustee's fee of 10% and beginning 30 days from filing/conversion date, Debtor(s) to pay to the trustee for the period of _____ months. In the event the trustee does not collect the full 10%, any portion not collected will be paid to creditors pro-rata under the plan:

- A. \$ _____ for months _____ to _____;
 B. \$ _____ for months _____ to _____;
 C. \$ _____ for months _____ to _____; in order to pay the following creditors:

Administrative: Attorney's Fee - \$ _____ TOTAL PAID \$ _____
 Balance Due \$ _____ payable \$ _____/month (Months _____ to _____)

Secured Creditors: [Retain Liens pursuant to 11 USC § 1325 (a)(5)] including creditors entitled to adequate protection payments which shall be paid through the plan:

Name: _____ Arrearage on Petition Date \$ _____
 Address: _____ Arrears Payment \$ _____/month (Months _____ to _____)
 _____ Regular Payment \$ _____/month (Months _____ to _____)
 Account No: _____

Name: _____ Arrearage on Petition Date \$ _____
 Address: _____ Arrears Payment \$ _____/month (Months _____ to _____)
 _____ Regular Payment \$ _____/month (Months _____ to _____)
 Account No: _____

Name: _____ Arrearage on Petition Date \$ _____
 Address: _____ Arrears Payment \$ _____/month (Months _____ to _____)
 _____ Regular Payment \$ _____/month (Months _____ to _____)
 Account No: _____

IF YOU ARE A SECURED CREDITOR LISTED BELOW, THE PLAN SEEKS TO VALUE THE COLLATERAL SECURING YOUR CLAIM IN THE AMOUNT INDICATED. A SEPARATE MOTION (UTILIZING LOCAL FORM MOTION TO VALUE COLLATERAL IN PLAN) WILL ALSO BE SERVED ON YOU PURSUANT TO BR 7004 and LR 3015-3.

Secured Creditor	Value of Collateral	Interest Rate	Plan Payments	Months of Payment	Total Plan Payments
	\$ _____	% _____	\$ _____	_____ To _____	
	\$ _____	% _____	\$ _____	_____ To _____	

Priority Creditors: [as defined in 11 U.S.C. §507]

1. _____ Total Due \$ _____
 Payable \$ _____/month (Months _____ to _____) Regular Payment \$ _____
 2. _____ Total Due \$ _____
 Payable \$ _____/month (Months _____ to _____) Regular Payment \$ _____

Unsecured Creditors: Pay \$ _____/month (Months _____ to _____).

Pro rata dividend will be calculated by the Trustee upon review of filed claims after bar date.

Other Provisions Not Included Above:

I declare that the foregoing chapter 13 plan is true and correct under penalty of perjury.

Debtor _____
 Date: _____

Joint Debtor _____
 Date: _____